

10/10/2007

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOISIN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVITJudy Harrison  
Plaintiff

AUG 05 2008

v.

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT.CASE NUMBER 08 C50163

JUDGE \_\_\_\_\_

Central Intelligence  
Col Defendants  
FBI

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Judy Harrison, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Question 2)  
I.D. # \_\_\_\_\_ Name of prison or jail: \_\_\_\_\_  
Do you receive any payment from the institution? ☐ Yes ☐ No Monthly amount: \_\_\_\_\_
2. Are you currently employed? ☐ Yes ☒ No  
Monthly salary or wages: 1050.00  
Name and address of employer: Disability
  - a. If the answer is "No":  
Date of last employment: \_\_\_\_\_  
Monthly salary or wages: \_\_\_\_\_  
Name and address of last employer: \_\_\_\_\_
  - b. Are you married? ☐ Yes ☒ No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: Divorced by Brain washing
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
  - a. Salary or wages ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

*Apartment* c. ☒ Rent payments, ☐ ~~interest or~~ ☐ ~~dividends~~ ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

d. ☐ Pensions, ☒ ~~social~~ security, ☐ annuities, ☐ life insurance, ☒ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☐ No  
Amount 1 Received by \_\_\_\_\_

e. ☐ Gifts or ☐ inheritances ☐ Yes ☐ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☐ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☒ Yes ☐ No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_

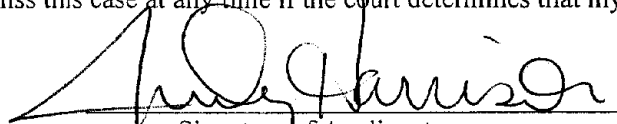
7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☐ No dependents

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date:

8/5/2008



Signature of Applicant

Judy Harrison

(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

**CERTIFICATE**

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, \_\_\_\_\_, I.D.# \_\_\_\_\_, has the sum of \$ \_\_\_\_\_ on account to his/her credit at (name of institution) \_\_\_\_\_.

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ \_\_\_\_\_.

(Add all deposits from all sources and then divide by number of months).

DATE

SIGNATURE OF AUTHORIZED OFFICER

(Print name)

**Social Security Administration**  
**Retirement, Survivors, and Disability Insurance**  
Important Information

00000887 01 SP 0.420 T002,0725,CPS,PC7,BA

JUDY M HARRISON  
4863 LINDEN RD  
APT 713  
ROCKFORD IL

61109



Office of Central Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500

Date: July 28, 2008  
Claim Number: 324-64-9924A



We are sending you a check for \$1,050.00. This includes benefits due you through June, 2008. After that, you'll get a check each month for \$1,050.00.

When we finish our work on your claim, we will send you a letter explaining your benefit amount. If you should receive more than one check for the same month(s), please let us know right away. We may be paying you too much money.

If we do pay you too much, you may have to pay back the amount of the overpaid check(s) or we may have to hold back some of your future benefits.

If you have any questions, call us at 1-800-772-1213. We can answer most questions over the phone. If you prefer to visit one of our offices, please check the local phone directory for the office nearest you. Or call us and we can give you the office address. Please have this letter with you if you call or visit an office. It will help us answer your questions.